Washington State Department of Social & Health Services
CA Children's Administration

CHILDREN'S ADMINISTRATION
GAIN-SS

Version (GVER): GSS-annual 2.0.1

CLIENT NAME (FIRST, MIDDLE, LAST)	1. DATE	2. ☐ Adult ☐ Youth	3. ☐ Client Refused to Answer Questions ☐ Client Unable to Answer Questions

CLIENT TELEPHONE NUMBER	CLIENT DATE OF BIRTH	4. CAMIS PERSON ID	RACE/ETHNICITY

CLIENT ADDRESS	CITY	STATE	ZIP CODE

SOCIAL WORKER'S NAME	SOCIAL WORKER TELEPHONE NUMBER

5. Client referred for assessment	6. Client currently receiving service	7. ☐ Child Protective Services (CPS)
☐ Mental Health	☐ Mental Health	☐ Family Voluntary Services
☐ Chemical Dependency	☐ Chemical Dependency	☐ Family Reconciliation Services (FRS)
☐ Co-occurring	☐ Co-occurring	☐ Child and Family Welfare Services
☐ Client not referred		☐ Child Health & Education Track (CHET)

Global Appraisal of Individual Needs-Short Screener (GAIN-SS)

The following questions are about common psychological, behavioral or personal problems. These problems are considered ***SIGNIFICANT*** *when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on. Please answer the questions* ***"YES"*** *or* ***"NO"****.*

Mental Health Internalizing Behaviors (IDScr 1): During the past 12 months, have you had significant problems		
a. with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	☐ Yes	☐ No
b. with sleep trouble, such as bad dreams, sleeping restlessly or falling sleep during the day?	☐ Yes	☐ No
c. with feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen?	☐ Yes	☐ No
d. when something reminded you of the past, you became very distressed and upset?	☐ Yes	☐ No
e. with thinking about ending your life or committing suicide?	☐ Yes	☐ No
If TWO or more "YES" answers, refer to Mental Health, except if positive on (e) for suicide, refer to CRISIS LINE or DMHP (Designated Mental Health Professional).		
Mental Health Externalizing Behaviors (EDScr 2): During the past 12 months, did you do the following things two or more times?		
a. Lie or con to get things you wanted or to avoid having to do something?	☐ Yes	☐ No
b. Have a hard time paying attention at school, work or home?	☐ Yes	☐ No
c. Have a hard time listening to instructions at school, work or home?	☐ Yes	☐ No
d. Been a bully or threatened other people?	☐ Yes	☐ No
e. Start fights with other people?	☐ Yes	☐ No
If TWO or more "YES" answers, refer to Mental Health		
Substance Abuse Screen (SDScr 3): During the past 12 months, did…..		
a. you use alcohol or drugs weekly?	☐ Yes	☐ No
b. you spend a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high, sick)?	☐ Yes	☐ No
c. you keep using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	☐ Yes	☐ No
d. your use of alcohol or drugs cause you to give up, reduce or have problems at important activities at work, school, home or social events?	☐ Yes	☐ No
e. you have withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or use any alcohol or drugs to stop being sick or avoid withdrawal problems?	☐ Yes	☐ No
If TWO or more "YES" answers in Substance Abuse or Co-occurring, (Substance Abuse AND Mental Health), refer to CDP or Substance Abuse Treatment Provider		
I understand that a copy of this form may become part of a referral for services.		
SIGNATURE	DATE	